

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF ARKANSAS  
-SOUTHERN DIVISION

JUL - 6 2016

DOUGLAS F. YOUNG, Clerk  
By Deputy Clerk

(Enter above the full name of the Plaintiff  
in this action.)

Prisoner ID No. 652373  
(Do Not Put Your Social Security Number)

CASE NO.

165169

SHERIFF HELDER, MAJOR DENZER, Sgt. MORSE, Sgt. FULLER,  
LONDON, EAST, Sgt ARNOLD, JOHN & JANE DOE(S)  
ARAMARK FOOD SERVICE/COMMISSARY JOHN & JANE DOE(S)  
(Enter above the full name of the Defendant,  
or Defendants, in this action.) CITY OF SPRINGDALE, SPRINGDALE P.D.,  
CHIEF OF POLICE

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_

No X

- B. If your answer to A is yes, describe each lawsuit in the space below including the exact Plaintiff name or alias used. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to previous lawsuit

Plaintiffs: N/A

Defendants: N/A

2. Court (if federal court, name the district; if state, name the county):

3. Docket number: N/A

4. Name of judge to whom case was assigned: N/A

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) N/A

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

(Revised 04/2015)

II. Place of Present Confinement: W.C.D.C.  
1155 Clydesdale DR Fayetteville AR. 72701

III. There is a written prisoner grievance procedure in the Arkansas Department of Correction and in your county jail. Failure to complete the grievance procedure may affect your case in federal court.

A. Did you present the facts relating to your complaint in the state or county written prisoner grievance procedure?

Yes X No       

B. If your answer is YES, attach copies of the most recent written grievance(s)/response(s) relating to your claims showing completion of the grievance procedure. **FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT.** If copies are not available, list the number assigned to the grievance(s) and the approximate date it was presented.

C. If your answer is NO, explain why not:       

GRIEVANCES ARE ON Kiosk

IV. Parties

(In item A below, place your name in the first blank and place your present address in the second blank.)

A. Your Full Name: Robert William Avery  
Address:       

(In Item B below, place the full name of the Defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

Do Not List Witnesses.

You may not name the jail as a Defendant. The jail is a building and cannot be sued.

B. Read carefully and fill out all information sought.

1. Defendant #1

Full Name: Sheriff Helder / WASHINGTON CO.  
Sheriff's Office W.C.

Position: Sheriff

Place of Employment: W. CO. Sheriff / Detention Center

Address: 1155 Clydesdale DR  
Fayetteville, AR. 72701

2. Defendant #2

Full Name: MAJOR DENZER

Position: MAJOR

Place of Employment: SAME AS ABOVE

Address: " " "

3. Defendant #3

Full Name: Sgt's Fuller, Morse, Arnold

Position: SERGEANTS

Place of Employment: SAME AS ABOVE

Address: " " "

4. Defendant #4

Full Name: LANDON & EAST

Position: UNKNOWN

Place of Employment: SAME AS ABOVE

Address: " " "

5. Defendant #5

Full Name: ARAMARK FOOD SERVICE/COMMISSARY

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

6. Defendant #6

Full Name: JOHN & JANE DOE(S)

Position: WCDC OR ARAMARK EMPLOYEES

Place of Employment: SAME AS ABOVE

Address:

SPRINGDALE, SPRINGDALE Chief of Police,  
 JOHN & JANE DOE(S)  
 201 SPRING ST SPRINGDALE, AR 72754

V. At the time of the alleged incident(s), were you:  
 (check the appropriate blank)

- ☒ in jail and still awaiting trial on pending criminal charges  
 serving a sentence as a result of a judgment of conviction  
☒ in jail for other reasons (e.g., alleged probation violation, etc.)

Explain:

Parole violated w/ New Pending  
 Charges

Please provide the date of your conviction or probation or parole revocation:

5/26/16 Parole Revoked

VI. Statement of Claim

State every ground on which you claim that one or more of the Defendants violated your federal constitutional rights. For example, if you have an excessive force claim and a denial of medical care claim, you must fill out a separate section for each different claim. This section should be limited to the facts of your claim.

With respect to each claim, briefly describe the actions taken by each Defendant who you believe was involved in violating your rights. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. (Use as much space as you need. Attach extra sheets if necessary.)

Claim Number # 1:

Type of Claim (for example: excessive force, denial of medical care, etc.):

Denial of adequate food, nutrition  
 Calories

Date of the Occurrence:

5/23/16 & Continuing

Name of each Defendant involved:

ARAMARK food service/COMMISARY  
 JOHN & JANE DOE(S)

CONTAINED ON SEPARATE FORM

(A) With respect to Defendant (Name) \_\_\_\_\_, describe the acts or omissions of this Defendant that form the basis for claim #1 and any harm caused by it.

ON SEPARATE PAPER



Are you suing this Defendant in his or her: (check the appropriate blank)

☐ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

☐ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

☒ both official and personal capacity

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

*Complaint on Separate Paper*

(B) With respect to Defendant (Name) Sheriff Helder, describe the acts or omissions of this Defendant that form the basis for claim #1 and any harm caused by it.

*ON SEPARATE PAPER*

Are you suing this Defendant in his or her: (check the appropriate blank)

☐ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

☐ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

☒ both official and personal capacity

**If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.**

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**(C) With respect to Defendant (Name) MAJOR DENZER, describe the acts or omissions of this Defendant that form the basis for claim #1 and any harm caused by it.**

ON SEPERATE PAPER

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**Are you suing this Defendant in his or her: (check the appropriate blank)**

☐ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

☐ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

☒ both official and personal capacity

**If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.**

SEPERATE PAPER

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*ALL NAMED DEFENDANTS*

(D) With respect to Defendant (Name) \_\_\_\_\_, describe the acts or omissions of this Defendant that form the basis for claim #1 and any harm caused by it.

*SEPERATE PAPER*

Are you suing this Defendant in his or her: (check the appropriate blank)

\_\_\_\_\_ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

\_\_\_\_\_ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

☒ both official and personal capacity

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

*Every Defendant*

*is named in Both  
official & Personal  
Capacities*

Claim Number # 2:

*ALL CLAIMS ON SEPERATE PAPER.*

Type of Claim (for example: excessive force, denial of medical care, etc.):

Date of the Occurrence: \_\_\_\_\_

Name of each Defendant involved: \_\_\_\_\_

# Complaint #1

SHERIFF HELDER, MAJOR DENZER,  
SGT MORSE, SGT FULLER, LANNON, EAST, SGT  
ARNOLD, AND ARAMARK FOOD SERVICE/COMMISSARY  
JOHN & JANE DOES)

THESE DEFENDANTS HAVE ALLOWED FOR  
A CUSTOM, PRACTICE, & PROCEDURE THAT  
HAS ALLOWED ARAMARK FOOD SERVICE/COMMISSARY  
TO SERVE FOOD THAT IS SUB-STANDARD  
PROTEIN DEFICIENT, AND NUTRITIONALLY  
UN-BALANCED & DEFICIENT MEALS, THE PORTION  
SIZES ARE INADEQUATE. I HAVE BEEN  
FORCED TO GO HUNGRY AND IN PAIN  
LOSING WEIGHT AND MUSCLE MASS, SUFFERING  
MENTAL ANGUISH.

ARAMARK ROUTINELY SERVES SMALL PORTIONS  
ON DAYS THAT COMMISSARY IS ORDERED  
CAUSING INDIGENT PERSONS AS MYSELF TO  
GO HUNGRY

THE REASON FOR THIS IS THAT THE DEFENDANTS  
PROFIT FROM THE SELLING OF COMMISSARY  
WASHINGTON COUNTY RECEIVES A PERCENTAGE  
OF ALL COMMISSARY SOLD



## Complaint #1 Continued

ARMARK & HELDER, DENZER,  
JOHN & JANE DOE(S) HAVE KNOWINGLY  
VIOLATED THE DECEPTIVE AND UNFAIR  
TRADE PRACTICE LAWS.

THIS ACT VIOLATES THE PLAINTIFFS  
RIGHT TO DUE PROCESS AND EQUAL  
PROTECTION OF THE LAW.

RESULTING IN EXTORTIONISTIC PRICES  
FOR COMMISSARY, HUNGER PAINS, MENTAL  
ANGUISH.

I AM BEING DENIED A VEGETARIAN DIET  
EVEN THOUGH I INFORMED BOOKING UPON  
ARRIVAL, CONTACTED FOOD SERVICE AND MEDICAL  
AND STILL I AM GOING HUNGRY ETC BECAUSE  
I AM BEING FORCED TO ACCEPT A MEAT TRAY

THE FOOD HANDLING & SERVING TO INMATES  
FAILS TO COMPLY W/ SAFE FOOD HANDLING  
PROCEDURES. THE FOOD IS PLACED IN TRAYS  
ON A FLAT CART, NOT A HOT BOX  
FOOD IS NOT KEPT @ 165° BUT ALLOWED  
TO SIT OUT PRIOR TO SERVING.

## Complaint # 2

Sheriff Helcer, Major Denzer, Sgt Morse,  
Sgt Fuller, Landon, East, Sgt Arnold  
JOHN & JANE DOE(S)

HAVE REFUSED TO ALLOW THE USE OF A  
LAW LIBRARY, REFUSE TO HAVE A LAW  
LIBRARY IN THE JAIL, REFUSE TO GIVE  
WRITING MATERIAL FOR LEGAL WRITING

THE PLAINTIFF HAS BEEN TOLD BY JAIL  
STAFF THAT HE "WAS ISSUED 4 SHEETS OF  
PAPER ON SUNDAY & THAT IT WAS HIS  
CHOICE TO WRITE FAMILY OR THE COURTS."

THE PLAINTIFF HAS NUMEROUS PENDING  
CRIMINAL CHARGES HAS BEEN IN JAIL OVER  
30 DAYS WITHOUT AN ATTORNEY.

HE HAS A PENDING DIVORCE  
WITH NO COUNSEL AS WELL AS PENDING  
CIVIL COMPLAINT IN THE U.S. DISTRICT  
COURT EASTERN DISTRICT

Avery v. CASHION et al



## Complaint #2 CONTINUED

THE DEFENDANT'S WILLFUL REFUSAL TO PROVIDE A LAW LIBRARY, PAGING SYSTEM, DENIAL OF WRITING MATERIAL FOR LEGAL USE, MAKING THE PLAINTIFF CHOOSE TO EITHER CONTACT FAMILY OR THE COURTS, IS A VIOLATION OF THE PLAINTIFF'S RIGHT TO ACCESS THE COURTS AND FREEDOM TO CORRESPOND & ASSOCIATION PROTECTED BY THE 6<sup>TH</sup> & 13<sup>TH</sup> AMENDMENTS.

### Complaint #3

Sheriff Helter, Major Denzer, Sgt. Morse  
Sgt. Fuller, Landon, East, Sgt. Arnold  
Springdale P.D., Chief of Police, John & Jane  
Doe(s)

THE TRANSPORT VANS USED BY THE WASHINGTON  
COUNTY S.O. AS WELL AS THOSE USED BY  
THE CITY OF SPRINGDALE, P.D.

ARE STATE CREATED RISKS OF HARM,  
THESE VANS ARE STEEL BOXES INSIDE OF  
THE VANS. A PERSON IS PLACED IN SHACKLES &  
BELLY CHAINS AND PLACED IN A STEEL BOX, LOCKED  
IN, THEN THE VAN DOORS ARE CLOSED AND LOCKED.  
THERE IS NO WAY TO RESCUE THE PERSON  
IN BACK AFTER A VIOLENT CRASH OR  
ACCIDENT. SEAT BELTS ARE NOT USED.

BEING SHACKLED & BELLY CHAINED A PERSON  
CANNOT BRACE AGAINST BEING THROWN INTO  
THE METAL SIDES CAUSING INJURY.

THE USE OF THESE "DOG BOX" STYLE OF  
TRANSPORT VANS IS A KNOWN RISK OF HARM  
NOR IS THERE AN ESCAPE OR RESCUE PLAN,  
OR ESCAPE DOOR.



## Complaint # 4

Sheriff Helder, Major Denzer, Sgt Morse,  
Sgt. Fuller Landon, East, Sgt. Arnold & John  
AND Jane Doe(s)

I AM BEING DENIED NEWSPAPER &  
MAGAZINES, AS WELL AS MEANINGFUL  
ACCESS TO NEWS & MEDIA

THE RADIO IS PLAYED, BUT CANNOT BE  
HEARD OVER THE intercom system.

THE RADIO IS NOT MEANINGFUL ACCESS  
TO THE NEWS MEDIA OR OUTSIDE WORLD.

MEANINGFUL ACCESS TO NEWS & THE  
OUTSIDE WORLD GOINGS ON ARE  
PROTECTED BY THE 1<sup>ST</sup> AMENDMENT  
AND THE REFUSAL TO ALLOW THIS  
ACCESS TO NEWSPAPERS, MAGAZINES,  
NEWS MEDIA IS A VIOLATION OF  
THESE 1<sup>ST</sup> AMEND. RIGHTS

## Complaint #5

I AM BEING SUBJECTED TO STATE/COUNTY  
CREATED DANGER.

I AM LOCKED INSIDE OF A CELL  
BEHIND 2 STEEL DOORS WITHOUT AN  
INTERCOM IN THE CELL.

I HAVE NO WAY IN WHICH TO ALERT  
OR NOTIFY DETENTION STAFF IN  
CASE OF MEDICAL OR SECURITY  
BASED EMERGENCY.

A-SIDE OF THE DETENTION CENTER IS  
LOCKED IN THEIR CELLS WITH HIGH SECURITY  
OR VIOLENT CHARGED PERSONS.

BEING LOCKED IN IS A KNOWN RISK  
OF HARM & HISTORICALLY PROVEN BY  
JAIL RECORDS TO CAUSE INMATE ON INMATE  
VIOLENCE

I AM BEING SHOWN BIAS AND DISCRIMINATORY  
TREATMENT BY BEING ON A-SIDE

WHILE INMATES HOUSED ON B-SIDE  
ARE ALLOWED TO GET ON THEIR BUNKS  
ACCESS PERSONAL PROPERTY ETC

ANYTIME THEY CHOOSE. WHILE I AM LOCKED  
OUT OF MY CELL BEING PUNISHED WITHOUT  
DUE PROCESS & WITHOUT JUST CAUSE.

**If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII. Relief**

**If you are seeking to recover damages from the named Defendants, check the appropriate blank or blanks below for the type or types of damages that you are seeking:**

- ☒ **Compensatory damages (designed to compensate persons for injuries, such as physical pain and suffering, etc., that are caused by the deprivation of constitutional rights)**
- ☒ **Punitive damages (designed to punish a Defendant for engaging in misconduct and deter a Defendant and others from engaging in such misconduct in the future)**

**State briefly below any other relief you are seeking in this action. Make no legal arguments. Cite no cases or statutes.**

*cl seek an injunction preventing  
the use of Repisons & Transport wons,  
injunction Requiring Proper food handling  
and Portions & an order allowing  
Me Vegetarian Diet  
an Court order allowing me  
the use of a Law Library*

**I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.**

Executed this 23 day of JUNE, 20 16.

#652373

*Robert W. Avery*  
\_\_\_\_\_  
**Printed Name of Plaintiff**

*Robert W. Avery*  
\_\_\_\_\_  
**Signature of Plaintiff**



*Robert Avery*  
Washington County Jail  
155 W. Clydesdale Dr.  
Fayetteville, AR 72701

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01 JUN 2016LEGAL  
MAIL

418WC

U.S. District Court  
Office of the Clerk RM 510  
35 E. Mountain

Fayetteville, AR. 72701